

12/31/01  
J1131 U.S. PRO

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FILE NO: 56130.000072

J1036 U.S. PRO  
10/029857  
12/31/01

December 31, 2001

### UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket Number: **56130.000072**

First Named Inventor: **Nicholas SAURIOL et al.**

Title: **CELLULAR SUBSCRIBER RADIO SERVICE**

TO: **BOX PATENT APPLICATION**  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Attached are the following for filing with the U.S. Patent and Trademark Office:

1. ☒ Fee Transmittal Form (original and duplicate)
2. ☐ Small Entity Status Claimed: ☐ Independent Inventor  
☐ Small Business Concern  
☐ Non-Profit Organization  
☐ Statement Enclosed  
☐ Statement Filed in Prior Application; Status Still Proper and Desired
3. ☒ Specification - Total Pages: 20 (Including Abstract)

CLAIMS AS FILED						
	Claims Filed	Basic Fee Claims	Extra	Rate		Amount
				Large Entity	Small Entity	
Total Claims	20	20	0	\$ 18.00	\$ 0.00	\$ 0.00
Independent Claims	3	3	0	\$ 84.00	\$ 0.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 0.00	\$ 0.00
<b>BASIC FEE</b>				\$ 740.00	\$ 0.00	\$ 740.00
<b>TOTAL FILING FEE</b>						\$ 740.00
Assignment Recordation Fee						\$ 0.00
<b>TOTAL AMOUNT ENCLOSED</b>						<b>\$ 740.00</b>

4. ☒ Drawings - Total Sheets: 6 (Fig(s). 1 - 5)
5. Oath or Declaration - Total Pages: 4

- a. ☐ Previously executed (original or copy)  
☒ New (unexecuted)
- b. ☐ Copy from a prior application  
(for continuation/divisional with Box 17 completed)
- i. ☐ DELETION OF INVENTOR(s):  
Signed statement attached deleting inventor(s) named in prior application.
6. ☐ Application Data Sheet
7. ☐ CD-ROM or CD-R in duplicate, large table or Microfiche Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (two copies); or
- ii. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statements verifying identity of above copies
9. ☒ Assignment (unexecuted)
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement with PTO-1449 and References  
☐ Copies of Information Disclosure Statement Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard
15. ☐ Foreign Priority is Claimed as Follows:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ If Foreign Priority is Claimed, Certified Copy of the Above Priority Document(s) is Submitted Herewith
16. ☐ Nonpublication Request under 35 U.S.C. § 1222(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_
18. ☐ Continuation ☐ Divisional ☒ Continuation-in-Part of

☐ Incorporation By Reference (useable if Box 5b is marked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application papers.

☐ Complete Application Based on Provisional Application No.: \_\_\_\_\_  
filed \_\_\_\_\_

19. Please address all correspondence to:

☒ CUSTOMER NUMBER 21967

☐ Intellectual Property Department  
Hunton & Williams  
1900 K Street, N.W.  
Suite 1200  
Washington, DC 20006-1109

20. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is as follows:

☐ The power of attorney is to:

☐ Please remove as power of attorney:

☐ Please add as power of attorney:

21. ☒ A check in the amount of \$ **740.00** is enclosed. In the event any variance exists between the amount enclosed and the Patent Office charges, please charge or credit any such variance to **Deposit Account No. 50-0206**.

Respectfully submitted,

By: \_\_\_\_\_

Ozzie A. Farres

Registration No. 43,606

OAF/tlc  
Enclosures

## FEE TRANSMITTAL

## BOX PATENT APPLICATION

Complete If Known

Application No.

To Be Assigned

Filing Date

December 31, 2001

First Named Inventor

SAURIOL et al.

Examiner Name

To Be Assigned

Group Art Unit

To Be Assigned

Total Amount Of Payment (\$)**740.00.**

Attorney Docket No.

56130.000072

## METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams.

2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

## FEE CALCULATION

1. **BASIC FILING FEE** ☒ Large Entity ☐ Small Entity

## FEE PAID

Utility Filing Fee	\$	<b>740.00</b>
Design Filing Fee	\$	
Plant Filing Fee	\$	
Reissue Filing Fee	\$	
Provisional Filing Fee	\$	

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> _____ Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

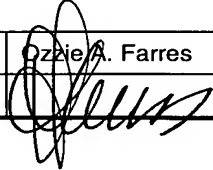
## 2. EXTRA CLAIMS FEES

## CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	20	20	0	x \$ 18.00	x \$ 0.00	\$ 0.00
INDEPENDENT CLAIMS	3	3	0	x \$ 84.00	x \$ 0.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 0.00	\$ 0.00
<b>TOTAL EXTRA CLAIMS FEES</b>						<b>\$ 0.00</b>

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name **Ozzie A. Farres**Registration No. **43,606**Signature 

Date

December 31, 2001